

**ASSOCIATE POWER OF
ATTORNEY
And
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/698,894
Filing Date	October 31, 2003
First Named Inventor	Liang C. Dong
Title	Formulation and Dosage Form Providing Increased Bioavailability of Hydrophobic Drugs
Art Unit	1615
Confirmation Number	2950
Examiner Name	
Attorney Docket Number	ARC 3244 R1

I hereby appoint:

☒ Practitioners associated with the Customer Number: **30766****OR**☐ Practitioner(s) named below:

Name	Registration Number

as Associate Attorney of Record to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

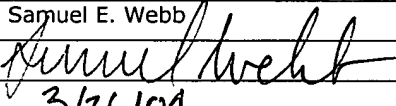
Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **27777****OR**☐ The address indicated below:

Firm/Individual					
Address					
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City		State		Zip	
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I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*☒ Attorney/Agent of Record**SIGNATURE OF Applicant, Assignee of Record, Attorney, or Agent**

Name	Samuel E. Webb	Registration No.	44,394
Signature			
Date	3/26/04	Telephone	650-564-5106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.